

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Strauss for Congress

ADDRESS (number and street)

21069 W Main Street Suite 203

Check if different  
than previously  
reported. (ACC)

Buckeye

AZ

85396

2. FEC IDENTIFICATION NUMBER ▼

C

C00588582

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

AZ

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2016

through

M M / D D / Y Y Y Y  
06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Travis Terral

Signature of Treasurer

Mr. Travis Terral

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
07 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**Strauss for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	27980.00	94210.00
(b) Total Contribution Refunds (from Line 20(d)) .....	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	27980.00	94210.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	28921.51	70089.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	290.83
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	28921.51	69799.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	24410.96	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**Strauss for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

20385.00

82955.00

**(ii) Unitemized.....**

2095.00

5745.00

**(iii) TOTAL of contributions from individuals ▶**

22480.00

88700.00

**(b) Political Party Committees.....**

.00

.00

**(c) Other Political Committees (such as PACs).....**

5500.00

5500.00

**(d) The Candidate.....**

.00

10.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

27980.00

94210.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

.00

.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

.00

.00

**(b) All Other Loans.....**

.00

.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

.00

.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

.00

290.83

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

.00

.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

27980.00

94500.83

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 34

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28921.51	70089.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of All Other Loans .....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	.00
21. OTHER DISBURSEMENTS .....	.00	.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	28921.51	70089.87

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25352.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	27980.00
25. SUBTOTAL (add Line 23 and Line 24).....	53332.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28921.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	24410.96

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 34

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Strauss for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Steve Ammons</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address 74 Rockinghorse Rd		<b>Transaction ID : SA11Ai-CN4138</b>	
City Rancho Palos Verdes	State CA	Zip Code 90275	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer Peninsula Strategy Partners	Occupation Officer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. Benjamin Chapman</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2016	
Mailing Address 26 Aberdeen Dr		<b>Transaction ID : SA11Ai-CN4097</b>	
City Little Rock	State AR	Zip Code 72223	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer Forrest Pharmaceutical	Occupation Representative		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 310.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. Donald J Colann Sr</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2016	
Mailing Address 26287 W Horsham Ct		<b>Transaction ID : SA11Ai-CN4093</b>	
City Buckeye	State AZ	Zip Code 85396	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer None	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 330.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Strauss for Congress

Full Name (Last, First, Middle Initial)

Mr. Donald J Colann Sr

Mailing Address 26287 W Horsham Ct

City

Buckeye

State

AZ

Zip Code

85396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2016

Transaction ID : SA11Ai-CN4095

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mr. Donald J Colann Sr

Mailing Address 26287 W Horsham Ct

City

Buckeye

State

AZ

Zip Code

85396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11Ai-CN4105

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mr. Donald J Colann Sr

Mailing Address 26287 W Horsham Ct

City

Buckeye

State

AZ

Zip Code

85396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11Ai-CN4146

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

80.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Strauss for Congress**Full Name (Last, First, Middle Initial)  
**A. Ms. Pat Conner**

Mailing Address 2116 S Terrace Way

City	State	Zip Code
Yuma	AZ	85364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Homemaker

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SA11Ai-CN4129

Amount of Each Receipt this Period

500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
**B. Mr. Aaron Day**

Mailing Address 1324 NW 193rd

City	State	Zip Code
Edmund	OK	73012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zimmer HoldingsOccupation  
Sales

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2016

Transaction ID : SA11Ai-CN4096

Amount of Each Receipt this Period

50.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
**C. Evelyn & Tony DeMizio**

Mailing Address 20799 N 270th Ave

City	State	Zip Code
Buckeye	AZ	85396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2016

Transaction ID : SA11Ai-CN4068

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Strauss for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Evelyn & Tony DeMizio**  
Mailing Address 20799 N 270th Ave

City State Zip Code  
Buckeye AZ 85396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M / D D / Y Y Y Y  
05 02 2016

Transaction ID : SA11Ai-CN4094

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jack Leroy Eaton**  
Mailing Address 26401 W Ross Ave

City State Zip Code  
Buckeye AZ 85396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dysart Unified School District

Occupation  
Executive Director Business Services

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 27 2016

Transaction ID : SA11Ai-CN4092

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John F. Flanagan**  
Mailing Address 1879 Jim Simmons

City State Zip Code  
Flagstaff AZ 86005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 28 2016

Transaction ID : SA11Ai-CN4140

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1600.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Strauss for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. David Gill</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2016	
Mailing Address PO Box 605			<b>Transaction ID : SA11Ai-CN4147</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 1500.00	
King City	CA	93930	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Self-Employed		Occupation Agriculture		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Rachel Hagestad</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address 20188 N 259th Ln			<b>Transaction ID : SA11Ai-CN4098</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 300.00	
Buckeye	AZ	85396	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer none		Occupation mother caretaker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. Louis Huntington Jr</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2016	
Mailing Address 820 Park Row 501			<b>Transaction ID : SA11Ai-CN4124</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 700.00	
Salinas	CA	93901	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Huntington Farms		Occupation Agriculture		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 2700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 34

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Strauss for Congress**

A. Full Name (Last, First, Middle Initial)  
**Michael Ingram**

Mailing Address 6094 E Cholla Dr

City State Zip Code  
 Paradise Valley AZ 85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 El Dorado Holidngs Inc.

Occupation  
 Real Estate Investment

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 14 2016

Transaction ID : SA11Ai-CN4088

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)  
**Mr. Albert Keck**

Mailing Address 79560 BErmuda Dunes Dr

City State Zip Code  
 Bermuda CA 92203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 HAdley Date Garden's Inc

Occupation  
 Farmer

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 29 2016

Transaction ID : SA11Ai-CN4143

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)  
**Jonas Keim**

Mailing Address 26134 W Tonopah Dr

City State Zip Code  
 Buckeye AZ 85396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Keim Home Improvement

Occupation  
 Handyman

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 28 2016

Transaction ID : SA11Ai-CN4141

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Strauss for Congress**

A. Full Name (Last, First, Middle Initial)  
**William H Klein Jr**

Mailing Address **26444 W Tina Ln**

City State Zip Code  
**Buckeye AZ 85396**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Retired**

Occupation  
**Retired**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**225.00**

Date of Receipt

**06 / 19 / 2016**

Transaction ID : **SA11Ai-CN4144**

Amount of Each Receipt this Period

**125.00**

☐ Memo Item

B. Full Name (Last, First, Middle Initial)  
**Sandra Lee McGuire**

Mailing Address **2605 Camino Del Rio**

City State Zip Code  
**Bullhead City AZ 86442**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**None**

Occupation  
**Homemaker**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**04 / 09 / 2016**

Transaction ID : **SA11Ai-CN4112**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

C. Full Name (Last, First, Middle Initial)  
**Thomas Nassif**

Mailing Address **17620 Fitch**

City State Zip Code  
**Irvine CA 92614**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Western Growers**

Occupation  
**President & CEO**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

**06 / 28 / 2016**

Transaction ID : **SA11Ai-CN4101**

Amount of Each Receipt this Period

**2000.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2625.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Strauss for Congress

Full Name (Last, First, Middle Initial)

A. Mr. Mark Nickerson

Mailing Address 86-705 Avenue 54 Suite A

City

Coachela

State

CA

Zip Code

92236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prime Time International

Occupation

Executive

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11Ai-CN4137

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robin Lynn Polk

Mailing Address 20680 W Main Street

City

Buckeye

State

AZ

Zip Code

85396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Edward Jones

Occupation

On-call Branch office Administrator

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SA11Ai-CN4104

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Bob Roeder

Mailing Address 21851 N 263rd Dr

City

Buckeye

State

AZ

Zip Code

85396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stadter Center

Occupation

IT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11Ai-CN4119

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3050.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Strauss for Congress**

Full Name (Last, First, Middle Initial) <b>John Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>06 / 29 / 2016</b>
Mailing Address <b>1400 E Laguna Pl</b> <b>Apt 5</b>		<b>Transaction ID : SA11Ai-CN4103</b>
City <b>Yuma</b>	State <b>AZ</b>	
Zip Code <b>85365</b>		Amount of Each Receipt this Period <b>5400.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item
Name of Employer <b>Self</b>	Occupation <b>Sales</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5400.00</b>	

Full Name (Last, First, Middle Initial) <b>John Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>06 / 30 / 2016</b>
Mailing Address <b>1400 E Laguna Pl</b> <b>Apt 5</b>		<b>Transaction ID : SA11Ai-CN4106</b>
City <b>Yuma</b>	State <b>AZ</b>	
Zip Code <b>85365</b>		Amount of Each Receipt this Period <b>2700.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item
Name of Employer <b>Self</b>	Occupation <b>Sales</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>8100.00</b>	

Full Name (Last, First, Middle Initial) <b>Phillip Dale Townsend</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>06 / 23 / 2016</b>
Mailing Address <b>4620 S Laguna Dam Rd</b>		<b>Transaction ID : SA11Ai-CN4127</b>
City <b>Yuma</b>	State <b>AZ</b>	
Zip Code <b>85365</b>		Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item
Name of Employer <b>Sunlud Chemical Co.</b>	Occupation <b>Owner</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>20385.00</b>

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 34

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Strauss for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**A. Duda & Sons Inc.**

Mailing Address 1200 Duda Trail

City State Zip Code  
Oviedo FL 32765

FEC ID number of contributing federal political committee. **C** C00213231

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 04 2016

Transaction ID : SA11C-CN4115

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Western Growers Politica Action Committee - Federal**

Mailing Address 17620 Fitch Street

City State Zip Code  
Irvine CA 92614

FEC ID number of contributing federal political committee. **C** C00193979

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 21 2016

Transaction ID : SA11C-CN4125

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5500.00

5500.00

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 34

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Vanco**

Mailing Address 3800 American Blvd. West Suite

City State Zip Code  
 Minneapolis MN 55431

Purpose of Disbursement  
 Credit Card Transaction Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 04 / 13 / 2016

Amount of Each Disbursement this Period

1.14

☐ Memo Item

**Transaction ID : SB17-EX195**

Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

**B. Vanco**

Mailing Address 3800 American Blvd. West Suite

City State Zip Code  
 Minneapolis MN 55431

Purpose of Disbursement  
 Credit Card Transaction Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 04 / 14 / 2016

Amount of Each Disbursement this Period

1.14

☐ Memo Item

**Transaction ID : SB17-EX196**

Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

**C. Vanco**

Mailing Address 3800 American Blvd. West Suite

City State Zip Code  
 Minneapolis MN 55431

Purpose of Disbursement  
 VISA Fixed Acquirer Network Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 04 / 15 / 2016

Amount of Each Disbursement this Period

3.50

☐ Memo Item

**Transaction ID : SB17-EX145**

VISA Fixed Acquirer Network Fee

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5.78

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Vanco**

Mailing Address 3800 American Blvd. West Suite

City	State	Zip Code
Minneapolis	MN	55431

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

0.73
------

☐ Memo Item**Transaction ID : SB17-EX197**

Credit Card Transaction Fee

**B. Vanco**

Full Name (Last, First, Middle Initial)

Mailing Address 3800 American Blvd. West Suite

City	State	Zip Code
Minneapolis	MN	55431

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

7.33
------

☐ Memo Item**Transaction ID : SB17-EX198**

Credit Card Transaction Fee

**C. Vanco**

Full Name (Last, First, Middle Initial)

Mailing Address 3800 American Blvd. West Suite

City	State	Zip Code
Minneapolis	MN	55431

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

3.20
------

☐ Memo Item**Transaction ID : SB17-EX199**

Credit Card Transaction Fee

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11.26



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Vanco**

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

3.20
------

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

☐ Memo Item**Transaction ID : SB17-EX200**

Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

**B. Vanco**

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

1.83
------

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

☐ Memo Item**Transaction ID : SB17-EX201**

Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

**C. Vanco**

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

1.14
------

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

☐ Memo Item**Transaction ID : SB17-EX202**

Credit Card Transaction Fee

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6.17

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Vanco**

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

17.95
-------

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**Transaction ID : SB17-EX203**  
Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

**B. Vanco**

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

1.28
------

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**Transaction ID : SB17-EX204**  
Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

**C. Vanco**

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

3.20
------

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**Transaction ID : SB17-EX212**  
Credit Card Transaction Fee**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

22.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Vanco**

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

8	7	6	5	4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0
										5	.	3	1						

Purpose of Disbursement  
VISA Fixed Acquirer Network Fee

001

Candidate Name

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**Transaction ID : SB17-EX161**

VISA Fixed Acquirer Network Fee

**B. Vanco**

Full Name (Last, First, Middle Initial)

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

8	7	6	5	4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0
										1	.	2	8						

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**Transaction ID : SB17-EX205**

Credit Card Transaction Fee

**C. Vanco**

Full Name (Last, First, Middle Initial)

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

8	7	6	5	4	3	2	1	0	.	9	8	7	6	5	4	3	2	1	0
										1	.	8	3						

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**Transaction ID : SB17-EX206**

Credit Card Transaction Fee

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8.42

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Vanco**

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

1.83
------

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**Transaction ID : SB17-EX207**  
Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

**B. Vanco**

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

8.70
------

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**Transaction ID : SB17-EX208**  
Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

**C. Vanco**

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

5.95
------

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**Transaction ID : SB17-EX209**  
Credit Card Transaction Fee**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16.48

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Vanco**

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

55.45
-------

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**Transaction ID : SB17-EX210**  
Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

**B. Vanco**

Mailing Address 3800 American Blvd. West Suite

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

City	State	Zip Code
Minneapolis	MN	55431

Amount of Each Disbursement this Period

3.20
------

Purpose of Disbursement  
Credit Card Transaction Fee

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**Transaction ID : SB17-EX211**  
Credit Card Transaction Fee

Full Name (Last, First, Middle Initial)

**C. Dave Weston Research**

Mailing Address 109 Hall Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

City	State	Zip Code
Lexington	OK	73051

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
April Consulting

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**Transaction ID : SB17-EX151**  
April Consulting**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

808.65

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Dave Weston Research**

Mailing Address 109 Hall Street

City	State	Zip Code
Lexington	OK	73051

Purpose of Disbursement  
May Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2016

Amount of Each Disbursement this Period

750.00

☐ Memo Item**Transaction ID : SB17-EX167**

May Consulting

Full Name (Last, First, Middle Initial)

**B. Dave Weston Research**

Mailing Address 109 Hall Street

City	State	Zip Code
Lexington	OK	73051

Purpose of Disbursement  
June Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2016

Amount of Each Disbursement this Period

750.00

☐ Memo Item**Transaction ID : SB17-EX192**

June Consulting

Full Name (Last, First, Middle Initial)

**C. Veritas Media**Mailing Address 407 W Covell  
#30203

City	State	Zip Code
Edmond	OK	73003

Purpose of Disbursement  
April Website Hosting/Support

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item**Transaction ID : SB17-EX135**

April Website Hosting/Support

**SUBTOTAL** of Disbursements This Page (optional).....

2000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Veritas Media**Mailing Address 407 W Covell  
#30203

City Edmond State OK Zip Code 73003

Purpose of Disbursement  
Website Overhall

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item**Transaction ID : SB17-EX147**

Website Overhall

**B. Veritas Media**Mailing Address 407 W Covell  
#30203

City Edmond State OK Zip Code 73003

Purpose of Disbursement  
May Website Hosting/Support

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item**Transaction ID : SB17-EX160**

May Website Hosting/Support

**C. Veritas Media**Mailing Address 407 W Covell  
#30203

City Edmond State OK Zip Code 73003

Purpose of Disbursement  
June Website Hosting/Support

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item**Transaction ID : SB17-EX174**

June Website Hosting/Support

**SUBTOTAL** of Disbursements This Page (optional).....

1500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. The Buckeye Star**

Mailing Address 108 N 4th Street

City	State	Zip Code
Buckeye	AZ	85326

Purpose of Disbursement  
Business Cards

006

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

209.86

☐ Memo Item**Transaction ID : SB17-EX179**  
Business Cards

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address P.O. Box 20706

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement  
D.C. Meetings

002

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

380.00

☐ Memo Item**Transaction ID : SB17-EX189**  
D.C. Meetings

Full Name (Last, First, Middle Initial)

**C. Costco**

Mailing Address 10000 W McDowell Rd

City	State	Zip Code
Avondale	AZ	85326

Purpose of Disbursement  
Ink Cartridges and stamps

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

177.29

☐ Memo Item**Transaction ID : SB17-EX182**  
Ink Cartridges and stamps**SUBTOTAL** of Disbursements This Page (optional).....

767.15

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Rebecca Streckfuss**

Mailing Address 20373 N 262nd Ave

City	State	Zip Code
Buckeye	AZ	85396

Purpose of Disbursement  
Office Supplies Reimbursement

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2016

Amount of Each Disbursement this Period

1042.45

☐ Memo Item**Transaction ID : SB17-EX155**  
Office Supplies Reimbursement

Full Name (Last, First, Middle Initial)

**B. Rebecca Streckfuss**

Mailing Address 20373 N 262nd Ave

City	State	Zip Code
Buckeye	AZ	85396

Purpose of Disbursement  
Salary

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item**Transaction ID : SB17-EX165**  
Salary

Full Name (Last, First, Middle Initial)

**C. Michelle Hess**

Mailing Address 25565 W Pioneer St

City	State	Zip Code
Buckeye	AZ	85326

Purpose of Disbursement  
Office Supply Reimbursement

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

Amount of Each Disbursement this Period

130.00

☐ Memo Item**Transaction ID : SB17-EX162**  
Office Supply Reimbursement**SUBTOTAL** of Disbursements This Page (optional).....

1672.45

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Google Inc**

Mailing Address 1600 Amphitheater Parkway

Date of Disbursement

M M	D D	Y Y Y Y
06	06	2016

City	State	Zip Code
Mountain View	CA	94043

Amount of Each Disbursement this Period

50.88
-------

Purpose of Disbursement  
Voicemail and Gmail

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**Transaction ID : SB17-EX180**

Voicemail and Gmail

Full Name (Last, First, Middle Initial)

**B. Ray Strauss**Mailing Address 21069 W Main Street  
Suite 203

Date of Disbursement

M M	D D	Y Y Y Y
04	08	2016

City	State	Zip Code
Buckeye	AZ	85396

Amount of Each Disbursement this Period

160.11
--------

Purpose of Disbursement  
Event Reimbursement

007

Candidate Name

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ

District: 04

**Transaction ID : SB17-EX152**

Event Reimbursement

Full Name (Last, First, Middle Initial)

**c. Ray Strauss**Mailing Address 21069 W Main Street  
Suite 203

Date of Disbursement

M M	D D	Y Y Y Y
04	08	2016

City	State	Zip Code
Buckeye	AZ	85396

Amount of Each Disbursement this Period

1832.76
---------

Purpose of Disbursement  
Mileage Reimbursement

002

Candidate Name

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ

District: 04

**Transaction ID : SB17-EX153**

Mileage Reimbursement

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2043.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Ray Strauss**Mailing Address 21069 W Main Street  
Suite 203

City Buckeye State AZ Zip Code 85396

Purpose of Disbursement  
April Mileage

002

Category/  
Type

Candidate Name

**Ray Strauss**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 04

Date of Disbursement

M M	D D	Y Y Y Y
05	09	2016

Amount of Each Disbursement this Period

1977.48

☐ Memo Item**Transaction ID : SB17-EX170**

April Mileage

Full Name (Last, First, Middle Initial)

**B. Ray Strauss**Mailing Address 21069 W Main Street  
Suite 203

City Buckeye State AZ Zip Code 85396

Purpose of Disbursement  
Messianic Congregation Event

007

Category/  
Type

Candidate Name

**Ray Strauss**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: AZ District: 04

Date of Disbursement

M M	D D	Y Y Y Y
05	09	2016

Amount of Each Disbursement this Period

85.00

☐ Memo Item**Transaction ID : SB17-EX171**

Messianic Congregation Event

Full Name (Last, First, Middle Initial)

**C. OCM**

Mailing Address PO BOX 1003

City Buckeye State AZ Zip Code 85326

Purpose of Disbursement  
April Rent

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	01	2016

Amount of Each Disbursement this Period

1296.58

☐ Memo Item**Transaction ID : SB17-EX150**

April Rent

**SUBTOTAL** of Disbursements This Page (optional).....

3359.06

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

## **A. OCM**

Mailing Address PO BOX 1003

City State Zip Code  
 Buckeye AZ 85326

Purpose of Disbursement  
 May Rent

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 / 11 / 2016

Amount of Each Disbursement this Period

1317.88

☐ Memo Item

**Transaction ID : SB17-EX169**

May Rent

Full Name (Last, First, Middle Initial)

## **B. OCM**

Mailing Address PO BOX 1003

City State Zip Code  
 Buckeye AZ 85326

Purpose of Disbursement  
 June Rent

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 06 / 08 / 2016

Amount of Each Disbursement this Period

1380.19

☐ Memo Item

**Transaction ID : SB17-EX191**

June Rent

Full Name (Last, First, Middle Initial)

## **c. Caleb Humphrey**

Mailing Address 21069 W Main Street

City State Zip Code  
 Buckeye AZ 85396

Purpose of Disbursement  
 March Salary

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 04 / 01 / 2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

**Transaction ID : SB17-EX149**

March Salary

**SUBTOTAL** of Disbursements This Page (optional).....

3698.07

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Caleb Humphrey**

Mailing Address 21069 W Main Street

City	State	Zip Code
Buckeye	AZ	85396

Purpose of Disbursement  
April Salary

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**Transaction ID : SB17-EX154**

April Salary

Full Name (Last, First, Middle Initial)

**B. Caleb Humphrey**

Mailing Address 21069 W Main Street

City	State	Zip Code
Buckeye	AZ	85396

Purpose of Disbursement  
April Salary

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**Transaction ID : SB17-EX156**

April Salary

Full Name (Last, First, Middle Initial)

**C. Caleb Humphrey**

Mailing Address 21069 W Main Street

City	State	Zip Code
Buckeye	AZ	85396

Purpose of Disbursement  
May Salary

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**Transaction ID : SB17-EX172**

May Salary

**SUBTOTAL** of Disbursements This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

## **A. Caleb Humphrey**

Mailing Address 21069 W Main Street

City State Zip Code  
 Buckeye AZ 85396

Purpose of Disbursement  
 May Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 / 25 / 2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

**Transaction ID : SB17-EX173**

May Salary

Full Name (Last, First, Middle Initial)

## **B. Caleb Humphrey**

Mailing Address 21069 W Main Street

City State Zip Code  
 Buckeye AZ 85396

Purpose of Disbursement  
 June Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 06 / 09 / 2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

**Transaction ID : SB17-EX193**

June Salary

Full Name (Last, First, Middle Initial)

## **C. Caleb Humphrey**

Mailing Address 21069 W Main Street

City State Zip Code  
 Buckeye AZ 85396

Purpose of Disbursement  
 June Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 06 / 16 / 2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

**Transaction ID : SB17-EX194**

June Salary

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Travelocity**

Mailing Address 3150 S Sabre Dr

City	State	Zip Code
Southlake	TX	76092

Purpose of Disbursement  
Consultant Travel

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

101.07

☐ Memo Item**Transaction ID : SB17-EX143**  
Consultant Travel**B. Travelocity**

Mailing Address 3150 S Sabre Dr

City	State	Zip Code
Southlake	TX	76092

Purpose of Disbursement  
Consultant Travel

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

108.06

☐ Memo Item**Transaction ID : SB17-EX144**  
Consultant Travel**c. Global Intermediate LLC**Mailing Address 6601 Westown Pkwy  
Suite 240

City	State	Zip Code
West Des Moines	IA	50266

Purpose of Disbursement  
Palm Cards

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2016

Amount of Each Disbursement this Period

2096.48

☐ Memo Item**Transaction ID : SB17-EX158**  
Palm Cards**SUBTOTAL** of Disbursements This Page (optional).....

2305.61

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Doubletree Hotel**

Mailing Address 700 Queensway Dr

City	State	Zip Code
Long Beach	CA	90802

Purpose of Disbursement  
Meeting

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

315.92

☐ Memo Item**Transaction ID : SB17-EX159**  
Meeting

Full Name (Last, First, Middle Initial)

**B. Hildy Angus**Mailing Address 251 Moser Ave  
Unit 305

City	State	Zip Code
Bullhead City	AZ	86429

Purpose of Disbursement  
Bullhead City Rotary Club Advertising Piece

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

250.00

☐ Memo Item**Transaction ID : SB17-EX163**  
Bullhead City Rotary Club Advertising Piece

Full Name (Last, First, Middle Initial)

**C. Desert Freedom Press**

Mailing Address PO Box 1320

City	State	Zip Code
Quartzsite	AZ	85346

Purpose of Disbursement  
Full Color Display Ad

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

400.00

☐ Memo Item**Transaction ID : SB17-EX164**  
Full Color Display Ad**SUBTOTAL** of Disbursements This Page (optional).....

965.92

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Strauss for Congress

Full Name (Last, First, Middle Initial)

**A. Sign King Of Arizona L.L.C.**Mailing Address 325 S. Westwood Dr  
Unit # 1City State Zip Code  
Mesa AZ 85210Purpose of Disbursement  
Signs

006

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

349.55

☐ Memo Item

Transaction ID : SB17-EX166

Signs

Full Name (Last, First, Middle Initial)

**B. Arizona Republican Party**

Mailing Address 3501 North 24th Street

City State Zip Code  
Phoenix AZ 85016

Purpose of Disbursement

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Transaction ID : SB17-EX168

Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial)

**C. Comfort Inn**

Mailing Address 10553 S Fortuna Rd

City State Zip Code  
Yuma AZ 85367Purpose of Disbursement  
Meeting

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

147.52

☐ Memo Item

Transaction ID : SB17-EX185

Meeting

**SUBTOTAL** of Disbursements This Page (optional).....

897.07

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Strauss for Congress**

Full Name (Last, First, Middle Initial)

**A. Comfort Inn**

Mailing Address 10553 S Fortuna Rd

City	State	Zip Code
Yuma	AZ	85367

Purpose of Disbursement  
Meeting

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

147.52

☐ Memo Item**Transaction ID : SB17-EX186**  
Meeting

Full Name (Last, First, Middle Initial)

**B. Voter Contract Strategies LTD Co**

Mailing Address 109 Hall Street

City	State	Zip Code
Lexington	OK	73051

Purpose of Disbursement  
June Fundraising

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2016

Amount of Each Disbursement this Period

2515.00

☐ Memo Item**Transaction ID : SB17-EX187**  
June Fundraising

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....

2662.52

**TOTAL** This Period (last page this line number only).....

27750.79